

Case Number:	CM14-0125389		
Date Assigned:	09/16/2014	Date of Injury:	11/08/2013
Decision Date:	10/21/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 11/18/2013. The date of the utilization review under appeal is 07/22/2014. The patient's treating diagnoses include a left foot strain, insomnia, and depression. On 05/15/2014, the patient was seen in initial consultation by a treating physical rehabilitation physician. That physician documents a history that the patient was injured while fueling an aircraft; the patient was placing an aircraft fuel stand underneath the wing, the latch was broken on the fuel stand and the patient had to move his left foot in an awkward way and developed pain in his left foot. The note states that the patient has difficulty sleeping because of the pain in his left foot and awakens at night because of his left foot. He sleeps approximately 4 hours. The treatment plan included a psychological evaluation and also included a request for a sleep study, given the difficulty falling and staying asleep.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, polysomnography.

Decision rationale: The Medical Treatment Utilization Schedule does not specifically discuss indications for a sleep study. Official Disability Guidelines/Treatment in Workers Compensation/Pain does discuss polysomnography, noting that this study is recommended after at least 6 months of insomnia complaints unresponsive to behavioral intervention and sedative/sleep promoting medications and after a psychiatric etiology has been excluded. The medical records do not clearly indicate that these first lines of treatment for insomnia have been tried, and it may be of note that a mental health evaluation has also been requested by the treating physician. For these reasons, the patient does not meet the criteria in the guidelines for a sleep study. This request is not medically necessary.